



**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES PLAN  
ANNUAL UPDATE 2013  
(Fiscal Years 2012-2013)**



**Table 9 – RESOURCE DIRECTORY – Facilities**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2012-2013**

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Alhambra Hospital

**Telephone Number:** (626) 570-1606

**Address:** 100 South Raymond Avenue  
Alhambra, CA 91801

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>		<b><u>If Trauma Center what level:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Antelope Valley Medical Center

**Telephone Number:** (661) 949-5000

**Address:** 1600 West Avenue J  
Lancaster, CA 93534

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>		<b><u>If Trauma Center what level:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

# Table 9 – Resource Directory – Facilities

**Facility:** Bellflower Medical Center  
**Address:** 9542 East Artesia Boulevard  
Bellflower, CA 90706

**Telephone Number:** (562) 925-8355

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Beverly Hospital  
**Address:** 309 West Beverly Boulevard  
Montebello, CA 90640

**Telephone Number:** (323) 726-1222

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Brotman Medical Center  
**Address:** 3828 Delmas Terrace  
Culver City, CA 90231

**Telephone Number:** (310) 836-7000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Table 9 – Resource Directory – Facilities**

**Facility:** California Hospital Medical Center  
**Address:** 1401 South Grand Avenue  
 Los Angeles, CA 90015

**Telephone Number:** (213) 7482411

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Facility:** Catalina Medical Center  
**Address:** 100 Falls Canyon Road  
 Avalon, CA 90704

**Telephone Number:** (310) 510-0700

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Facility:** Cedars Sinai Medical Center  
**Address:** 8700 Beverly Boulevard  
 Los Angeles, CA 90048

**Telephone Number:** (310) 855-5000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

**Facility:** Centinela Hospital Medical Center  
**Address:** 555 East Hardy Street  
 Inglewood, CA 90301

**Telephone Number:** (310) 673-4660

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Children's Hospital Los Angeles  
**Address:** 4650 Sunset Boulevard  
 Los Angeles, CA 90027

**Telephone Number:** (323) 660-2450

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Citrus Valley Medical Center-Inter-Community Campus  
**Address:** 210 West San Bernardino Road  
 Covina, CA 91723

**Telephone Number:** (626) 331-7331

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Citrus Valley Medical Center-Queen of the Valley Campus  
**Address:** 1115 South Sunset Avenue  
 West Covina, CA 91790

**Telephone Number:** (626) 962-4011

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Coast Plaza Doctors Hospital  
**Address:** 13100 Studebaker Road  
 Norwalk, CA 90650

**Telephone Number:** (562) 868-3751

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Community Hospital of Huntington Park  
**Address:** 2623 East Slauson Avenue  
 Huntington Park, CA 90255

**Telephone Number:** (323) 583-1931

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

# Table 9 – Resource Directory – Facilities

**Facility:** Community Hospital of Long Beach  
**Address:** 1720 Termino Avenue  
Long Beach, CA 90804

**Telephone Number:** (562) 498-1000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Downey Regional Medical Center  
**Address:** 11500 Brookshire Avenue  
Downey, CA 90241

**Telephone Number:** (562) 904-5000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** East Los Angeles Doctors Hospital  
**Address:** 4060 East Whittier Boulevard  
Los Angeles, CA 90023

**Telephone Number:** (323) 268-5514

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Table 9 – Resource Directory – Facilities**

**Facility:** East Valley Hospital Medical Center  
**Address:** 150 W. Route 66  
 Glendora, CA 91740

**Telephone Number:** (626) 335-0231

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Encino Hospital Medical Center  
**Address:** 16237 Ventura Boulevard  
 Encino, CA 91436

**Telephone Number:** (818) 995-5000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Foothill Presbyterian Hospital  
**Address:** 250 South Grand Avenue  
 Glendora, CA 91741

**Telephone Number:** (626) 963-8411

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Garfield Medical Center  
**Address:** 525 North Garfield Avenue  
 Monterey Park, CA 91754

**Telephone Number:** (626) 573-2222

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Glendale Adventist Medical Center  
**Address:** 1509 East Wilson Terrace  
 Glendale, CA 91206

**Telephone Number:** (818) 409-8000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Glendale Memorial Hospital and Health Center  
**Address:** 1420 South Central Avenue  
 Glendale, CA 91204

**Telephone Number:** (818) 502-1900

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



# Table 9 – Resource Directory – Facilities

**Facility:** Good Samaritan Hospital  
**Address:** 1225 Wilshire Boulevard  
 Los Angeles, CA 90017

**Telephone Number:** (213) 977-2121

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Facility:** Greater El Monte Community Hospital  
**Address:** 1701 Santa Anita Avenue  
 South El Monte, CA 91733

**Telephone Number:** (626) 579-7777

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Facility:** Henry Mayo Newhall Memorial Hospital  
**Address:** 23845 West McBean Parkway  
 Valencia, CA 91355

**Telephone Number:** (661) 253-8000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

**Facility:** Hollywood Presbyterian Medical Center  
**Address:** 1300 North Vermont Avenue  
 Los Angeles, CA 90027

**Telephone Number:** (213) 413-3000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Facility:** Huntington Memorial Hospital  
**Address:** 100 West California Boulevard  
 Pasadena, CA 91105

**Telephone Number:** (626) 397-5000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Facility:** Kaiser Foundation Hospital - Baldwin Park  
**Address:** 1011 Baldwin Boulevard  
 Baldwin Park, CA 91706

**Telephone Number:** (626) 851-1011

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

# Table 9 – Resource Directory – Facilities

**Facility:** Kaiser Foundation Hospital - Downey Medical Center

**Telephone Number:** (562) 657-9000

**Address:** 9333 Imperial Highway  
Downey, CA 90242

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Kaiser Foundation Hospital - Los Angeles

**Telephone Number:** (323) 783-4011

**Address:** 4867 Sunset Boulevard  
Los Angeles, CA 90027

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Kaiser Foundation Hospital - Panorama City

**Telephone Number:** (818) 375-2000

**Address:** 13652 Cantara Street  
Panorama City, CA 91402

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Kaiser Foundation Hospital – South Bay Medical Center  
**Address:** 25825 South Vermont Avenue  
Harbor City, CA 90710

**Telephone Number:** (310) 325-5111

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Kaiser Foundation Hospital - West Los Angeles  
**Address:** 6041 Cadillac Avenue  
Los Angeles, CA 90034

**Telephone Number:** (323) 857-2000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Kaiser Foundation Hospital - Woodland Hills  
**Address:** 5601 De Soto Avenue  
Woodland Hills, CA 91367

**Telephone Number:** (818) 719-2000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** LAC Harbor-UCLA Medical Center  
**Address:** 1000 West Carson Street  
 Torrance, CA 90502

**Telephone Number:** (310) 222-2345

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** LAC Olive View Medical Center  
**Address:** 14445 Olive View Drive  
 Sylmar, CA 91342

**Telephone Number:** (818) 364-1555

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** LAC + USC Medical Center  
**Address:** 1200 North State Street  
 Los Angeles, CA 90033

**Telephone Number:** (323) 226-2622

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Lakewood Regional Medical Center  
**Address:** 3700 East South Street  
 Lakewood, CA 90712

**Telephone Number:** (562) 602-6751

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Long Beach Memorial Medical Center  
**Address:** 2801 Atlantic Avenue  
 Long Beach, CA 90806

**Telephone Number:** (562) 933-2000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Los Angeles Metropolitan Medical Center  
**Address:** 2231 S. Western Ave.  
 Los Angeles, CA 90018

**Telephone Number:** 000.00.0000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Marina Del Rey Hospital  
**Address:** 4650 Lincoln Boulevard  
 Marina Del Rey, CA 90291

**Telephone Number:** (310) 823-8911

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Memorial Hospital of Gardena  
**Address:** 1145 West Redondo Beach Boulevard  
 Gardena, CA 90247

**Telephone Number:** (310) 532-4200

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Methodist Hospital of Southern California  
**Address:** 300 West Huntington Drive  
 Arcadia, CA 91007

**Telephone Number:** (626) 898-8000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Mission Community Hospital  
**Address:** 14850 Roscoe Boulevard  
Panorama City, CA 91402

**Telephone Number:** (818) 608-4624

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Monterey Park Hospital  
**Address:** 900 South Atlantic Boulevard  
Monterey Park, CA 91754

**Telephone Number:** (626) 570-9000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Northridge Hospital Medical Center  
**Address:** 18300 Roscoe Boulevard  
Northridge, CA 91328

**Telephone Number:** (818) 885-8500

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



**Table 9 – Resource Directory – Facilities**

**Facility:** Norwalk Community Hospital  
**Address:** 13222 Bloomfield Avenue  
 Norwalk, CA 90650

**Telephone Number:** (562) 863-4763

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Olympia Medical Center  
**Address:** 5900 West Olympic Boulevard  
 Los Angeles, CA 90036

**Telephone Number:** (310) 657-5900

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Pacific Hospital of Long Beach  
**Address:** 2776 Pacific Avenue  
 Long Beach, CA 90806

**Telephone Number:** (562) 595-1911

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

# Table 9 – Resource Directory – Facilities

**Facility:** Pacifica Hospital of the Valley  
**Address:** 9449 San Fernando Road  
Sun Valley, CA 91352

**Telephone Number:** (818) 767-3310

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Palmdale Regional Medical Center  
**Address:** 38600 Medical Center Drive  
Palmdale, CA 93551

**Telephone Number:** (661) 948-4781

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Pomona Valley Hospital Medical Center  
**Address:** 1798 North Garey Avenue  
Pomona, CA 91767

**Telephone Number:** (909) 623-8715

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Table 9 – Resource Directory – Facilities**

**Facility:** Presbyterian Intercommunity Hospital  
**Address:** 12401 East Washington Boulevard  
 Whittier, CA 90602

**Telephone Number:** (562) 698-0811

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Providence Holy Cross Medical Center  
**Address:** 15031 Rinaldi Street  
 Mission Hills, CA 91345

**Telephone Number:** (818) 365-8051

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Providence Little Company of Mary Medical Center – San Pedro  
**Address:** 1300 West Seventh Street  
 San Pedro, CA 90732

**Telephone Number:** (310) 832-3311

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Providence Little Company of Mary Medical Center – Torrance  
**Address:** 4101 Torrance Boulevard  
Torrance, CA 90503  
**Telephone Number:** (310) 540-7676

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Providence Saint Joseph Medical Center  
**Address:** 501 South Buena Vista Street  
Burbank, CA 91505  
**Telephone Number:** (818) 843-5111

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Providence Tarzana Medical Center  
**Address:** 18321 Clark Street  
Tarzana, CA 91356  
**Telephone Number:** (818) 881-0800

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Ronald Reagan UCLA Medical Center  
**Address:** 757 Westwood Plaza  
 Los Angeles, CA 90095

**Telephone Number:** (310) 825-9111

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>PICU:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV					

**Facility:** St. Francis Medical Center  
**Address:** 3630 East Imperial Highway  
 Lynwood, CA 90262

**Telephone Number:** (310) 900-8900

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV					

**Facility:** St. John's Health Center  
**Address:** 2121 Santa Monica Blvd.  
 Santa Monica, CA 90404

**Telephone Number:** (310) 829-5511

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV					

**Table 9 – Resource Directory – Facilities**

**Facility:** St. Mary Medical Center  
**Address:** 1050 Linden Avenue  
 Long Beach, CA 90813

**Telephone Number:** (562) 491-9000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Facility:** San Dimas Community Hospital  
**Address:** 1350 West Covina Boulevard  
 San Dimas, CA 91773

**Telephone Number:** (909) 599-6811

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Facility:** San Gabriel Valley Medical Center  
**Address:** 438 West La Tunas Drive  
 San Gabriel, CA 91776

**Telephone Number:** (626) 289-5454

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

**Facility:** Santa Monica – UCLA Medical Center & Orthopaedic Hospital  
**Address:** 1250 16th Street  
Santa Monica, CA 90404  
**Telephone Number:** (424) 259-6000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Sherman Oaks Community Hospital  
**Address:** 4929 Van Nuys Boulevard  
Sherman Oaks, CA 91403  
**Telephone Number:** (818) 981-7111

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Torrance Memorial Medical Center  
**Address:** 3330 West Lomita Boulevard  
Torrance, CA 90505  
**Telephone Number:** (310) 325-9110

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>PICU:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

# Table 9 – Resource Directory – Facilities

**Facility:** Tri-City Regional Medical Center  
**Address:** 21530 South Pioneer Boulevard  
Hawaiian Gardens, CA 90716

**Telephone Number:** (562) 860-0401

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>		<b><u>If Trauma Center what level:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Facility:** USC Verdugo Hills Hospital  
**Address:** 1812 Verdugo Boulevard  
Glendale, CA 91208

**Telephone Number:** (818) 790-7100

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>		<b><u>If Trauma Center what level:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Facility:** Valley Presbyterian Hospital  
**Address:** 15107 Van Owen Street  
Van Nuys, CA 91405

**Telephone Number:** (818) 782-6600

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>		<b><u>If Trauma Center what level:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



# Table 9 – Resource Directory – Facilities

**Facility:** West Hills Hospital and Medical Center  
**Address:** 7300 Medical Center Drive  
West Hills, CA 91307

**Telephone Number:** (818) 676-4000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** White Memorial Medical Center  
**Address:** 1720 Caesar Chavez Avenue  
Los Angeles, CA 90033

**Telephone Number:** (323) 268-5000

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

**Facility:** Whittier Hospital Medical Center  
**Address:** 9080 Colima Road  
Whittier, CA 90605

**Telephone Number:** (562) 945-3561

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><u>Pediatric Medical Center:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b>	
<b><u>PICU:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b>	
<b><u>EDAP:</u></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	